

ELCAP Housing Support Housing Support Service

Woodbine Cottage
West Loan
Prestonpans
EH32 9WU

Telephone: 01875814114

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Announced (short notice)

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Service provided by:
ELCAP

Service provider number:
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About the service

ELCAP is a combined Care at Home and Housing Support Service. It operates from an office based in Prestonpans, and covers the Lothians. A staff team of 280 provided care and support to 220 people who had a wide range of needs. Support ranged from a few hours per week up to 24hrs per day. The head of operations managed the nine operational leads who had geographical and day to day responsibility for the support workers in each area.

About the inspection

This was a short notice inspection which took place on 17, 18, 19, 20 March 2024. The inspection was carried out by three inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information from the questionnaires, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Met with people using the service and family members
- Spoke with staff and management
- Observed practice and daily life
- Reviewed documents
- Received feedback from visiting professionals

Key messages

- People were supported by staff they knew well.
- People's health and wellbeing benefitted from their care and support.
- People enjoyed a wide range of activities that were meaningful to them.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our staff team?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The service supported people to live in their own home and visits varied from a few hours each day up to 24 hour support. Most people had a consistent core team. Where agency staff were used they were known to people. We visited people in their homes where we observed kind, caring and supportive interactions. It was apparent the staff had built positive relationships and connections with the people they supported. We observed that the people, where able, directed their care and support. This meant people were enabled in their own homes and knew the staff who supported them.

When we spoke to staff they were aware of people's likes, dislikes and preferences. One person we met told us, 'staff know me well, are very good and I am always treated with respect'. Another person told us 'we clean my house', whilst another enjoyed hoovering and mopping their home. This meant people experienced dignified and compassionate care and support, whilst making choices that were right for them.

People had a personal support plan in place with risk assessments completed and regular reviews. The service was moving to an electronic system for people's plans, staff training was in place to support this. The service had begun to record people's outcomes in a meaningful way with plans showing what people wanted to achieve. The service recognised some plans were still to be fully developed, further training for the staff team was planned. People, families and social work were involved in reviews and were able to contribute to their plan. This showed people had a personal plan that was right for them with an inclusive approach.

Where people required support with medication administration safe systems and audits were in place. Staff had observations of practice undertaken by the operational leads. One involved professionals told us support was of a high standard for people. Another professional told us they had been invited to team meetings. As a result of this people's care and support was stable because staff and professionals worked well together.

People's health and wellbeing further benefitted from being involved with a range of health and social care professionals. Staff knew people well and recognised when their health and well being needs had changed. For one person during a hospital stay staff provided cover to maintain continuity of care. Where more training for staff was identified to care for people the service supported this. A family member told us their relative had been supported by the physiotherapist whilst others had dietetic or dental appointments. These approaches for people ensured their health and wellbeing needs were being met.

People who were able were involved to make positive healthy food choices when they planned their meals, shopped and cooked. Some people went to local lunch clubs. Personal plans provided information about people's food and drink preferences and any special diets. We met some people who had been baking. Where people were supported with eating and drinking we observed this to be respectful and unhurried. This meant people enjoyed their food preferences and were involved in what they ate and drank.

Support plans contained people's likes and dislikes as well as weekly activity diaries. People were involved in things they enjoyed at home and the local and wider community. People told us they visited the local lunch clubs, attended dance classes, enjoyed the cinema, met friends for coffee or attended the Chatty Cafes. Other people we met enjoyed visits to garden centres as they enjoyed gardening and growing vegetables.

One person wanted to be out more in their car, the service was aware of this and was looking at how to support this more. People were involved in their local community and linking with the council. We observed people in their homes taking part in activities that were meaningful to them. These approaches supported people's wellbeing with activities that were enjoyed by them.

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The service had safe recruitment processes in place. In addition they offered trial shifts and encouraged exit interviews. Staff did not commence work until all checks had been completed. The service had found some areas where it was harder to recruit and had been developing a recruitment campaign. For people this meant that they could be confident that staff who supported them were safely recruited.

The induction process was completed by all new employees. This was undergoing further review to extend the length of the induction and add additional training. Staff had the opportunity to shadow more experienced members of the team. Some staff felt there could be more shadow time allocated and we spoke to the service about this. The management team were planning to review this part of the induction programme.

People were supported by consistent staff teams. Rotas were prepared in advance by staff or operational leads. Communications were by email or telephone contact as well as e-bulletins and a regular newsletter. Staff rotas were being transferred to the new electronic system for all teams. An on call system was in place out of office hours. These measures meant people had care and support from a consistent staff team.

We observed positive working relationships between staff and their peers. Staff told us they worked well with their peers to support people. While most staff told us contact and communication was very good some would like more contact with their operational leads. Team meetings varied across the areas, management were aware of this and were looking to have a standardised approach for these. We will monitor these areas at our next inspection. Staff were involved in a national project, the 'Effective Voice Project' in conjunction with Strathclyde University, with focus groups being the next phase. These measures meant people had support and care from stable teams that worked together to support them.

The staff team had access to face to face and online sessions to support training and development. Management had recognised where additional training for staff was required to support people and was taking steps to address this. New developments included the service providing training for all staff on the promotion of a 'trauma informed approach'. Staff were supported to undertake vocational qualifications as well as specific courses to enhance their knowledge to support people. There was oversight of staff training by the operational leads. Supervision and observations of practice were in place for staff. Due to this people could be confident staff had training and skills to support them with opportunities to develop and reflect on their practice.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

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